MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (#EOR USE WITH FORM PTO-875)

SERIAL NO FILING DATE APPLICANT(S)

CLAIMS

	ASPRED		AFTER		AFT	AFTER		l	*		*		*	
	IND.	DEP.	1st AME IND.	DEP.	2nd AME IND.	DEP.		ļ	IND.	DEP.	IND	DEB	IND	DED
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TOTAL			 					TOTAL	 	l 🗅		_		_
TOTAL DEP.	1.5		 	,	<u> </u>		1	TOTAL DEP.	ļ		ļ	Sea Springs	1	
TOTAL CLAIMS	70	13.	L	5	1	34 % 37 S	<u> </u>	TOTAL CLAIMS	<u> </u>		1			100

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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